

STATE WATER RESOURCES CONTROL BOARD

STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name ALUMINUM CO. OF AMERICA ☐ ☐ ☐ ☐ ☐ ☐

(FEDERAL OR STATE)

Pick-up Address 5151 ALCOA AVE - VERNON, CALIF. ☐ ☐ ☐ ☐ ☐ ☐

(NUMBER) (STREET) (CITY)

Telephone Number (213) 5886141 P.O. or Contract No. LA 763853

Order Placed by J. HERON Date: 1-1-5

Type of Process SETTLING TANKS ☐ ☐ ☐ ☐ ☐ ☐

Which Producing Wastes: (Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of waste:		
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input checked="" type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

Component:		Concentration:		ppm
Upper	Lower	%		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Hazardous Properties of Waste:
 pH ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive
 Bulk Volume ☒ gal ☐ tons ☐ barrels (42 gal.) ☐ other SPECIFY
 Containers (number) ☐ drums ☐ cartons ☐ bags ☐ other SPECIFY
 Physical Form ☐ solid ☒ liquid ☐ sludge ☐ other SPECIFY

Special Handling Instructions (if any): _____

The waste was treated to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I declare (under oath) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO:
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

SFUND RECORDS CTR
999000180

Pick Up 8-2-75 Time 1:30 am
(DATE) 15

State Liquid Waste Hauler's Registration No. (if applicable) _____

Job No. _____ No. of Loads or Trips: 81 Unit No. 5

Vehicle: ☒ Vacuum truck ☒ W barrels, ☐ flatbed, ☐ other _____
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

W. W. ...
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPRA Land

Site Address: Bentley Park

CODE NO.

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The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery☐ treatment (specify): _____☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well☐ other (specify): _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 8-2-71

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.**

D.O.T. Proper Shipping Name _____